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FAX TRANSMISSION

DATE: August 7, 2007**PTO IDENTIFIER:** Application Number 09/923,704
Patent Number**Inventor:** Peter MALCOLM et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP

Michael Halas

PHONE: (212) 230-8800**Attorney Dkt. #:** 112634.120-US1**PAGES (Including Cover Sheet):** 13**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page)
Extension of Time Request (1 page)
Supplemental Response (8 pages)
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PTO/SB/97 (09-04)

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Application No. (if known): 09/923,704

Attorney Docket No.: 112634.120-US1

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on August 7, 2007
DateMichael Halas

Signature

Michael O. Halas – Patent Agent

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59,371
Registration Number, if applicable(212) 230-8800
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Transmittal (1 page)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/923,704		
Filing Date	August 7, 2001		
First Named Inventor	Peter MALCOLM		
Art Unit	3621		
Examiner Name	P. E. Elisca		
Total Number of Pages in This Submission	13	Attorney Docket Number	112634.120-US1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Michael O. Halas - Patent Agent		
Date	August 7, 2007	Reg. No.	59,371

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Dated: August 7, 2007

Signature:  (Michael O. Halas)

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FEE TRANSMITTAL For FY 2007		Complete If Known	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	09/923,704
		Filing Date	August 7, 2001
		First Named Inventor	Peter MALCOLM
		Examiner Name	P. E. Elsca
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3621
TOTAL AMOUNT OF PAYMENT	(\$ 225.00)	Attorney Docket No.	112634.120-US1

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 08-0219		Deposit Account Name: Wilmer Cutler Pickering Hale and
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Small Entity Fee (\$)	Fee (\$)
	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00

SUBMITTED BY					
Signature	Michael Halas	Registration No. (Attorney/Agent)	59,371	Telephone	(212) 230-8800
Name (Print/Type)	Michael O. Halas - Patent Agent	Date	August 7, 2007		

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Dated: August 7, 2007 Signature: Michael Halas (Michael Halas)